Revised 03/06 WDNY

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF NEW YORK

FORM TO BE USED IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

(Prisoner Complaint Form)

100 V 6501 FE

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1. CAPTION OF ACTION

A. Full Name And Prisoner Number of P pauperis status, each plaintiff must submit an in for considered will be the plaintiff who filed an application	ma pauperis application and a s	2 00 0	
		STATE	SUSTAIN
1. Joseph Belile Din	08H 5+0+		
2	-VS-	SEP	
B. Full Name(s) of Defendant(s) NOTE: The court may not consider a claim against anyone not you may continue this section on another sheet of pape 1. C.O. John Doe #1 2. C.O. John Doe #3 3. C.O. John Doe #3	ot identified in this section as a defer if you indicate below that you here if you indicate below that you here.	fendant. If you have profit have done so.	for six defendants,
This is a civil action seeking relief and/or damage United States. This action is brought pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.		— ghts guaranteed by the C	
3. PA	ARTIES TO THIS ACTION		
PLAINTIFF'S INFORMATION NOTE: To I	list additional plaintiffs, use this fo	ormat on another sheet of pa	per.
Name and Prisoner Number of Plaintiff:			
Present Place of Confinement & Address:			
Name and Prisoner Number of Plaintiff:			· · · · · · · · · · · · · · · · · · ·
Present Place of Confinement & Address:			

	ENDANT'S INFORMATION NO on another sheet of paper.	OTE: To provide information	about more defendants than there is room for here, use this
	of Defendant:	·	
	plicable) Defendant is Sued in		
		4	
	e of Defendant:		
(If ap	plicable) Defendant is Sued in	Individual and/or	Official Capacity
Addre	ess of Defendant:		
Name	e of Defendant:		
(If ap	plicable) Defendant is Sued in	Individual and/or	Official Capacity
Addr	ess of Defendant:		
7 Tuur			
	4. PREVIOU	S LAWSUITS IN STAT	E AND FEDERAL COURT
A.	Have you begun any other lawsu Yes No	its in state or federal cou	rt dealing with the same facts involved in this action?
7077		TE. If you have brought me	ore than one lawsuit dealing with the same facts as this
actio	on, use this format to describe the ot	ther action(s) on another s	heet of paper.
1.	Name(s) of the parties to this of	her lawsuit:	
	Plaintiff(s):		
	Defendant(s):		
2.	Court (if federal court, name the		ne the county):
	. `		
3.			
4.	Name of Judge to whom case w	as assigned:	

5.	The approximate date the action was filed:	
6.	What was the disposition of the case?	
	Is it still pending? Yes No	
	If not, give the approximate date it was resolved.	
	Disposition (check the statements which apply):	
	<u>Dismissed</u> (check the box which indicates why it was dismissed):	
	By court <i>sua sponte</i> as frivolous, malicious or for failing to state a claim upon which relief can be granted;	
	By court for failure to exhaust administrative remedies;	
	By court for failure to prosecute, pay filing fee or otherwise respond to a court order;	
	By court due to your voluntary withdrawal of claim;	
	Judgment upon motion or after trial entered for	
	plaintiff	
	defendant.	
use t	YesNo	
1.	Name(s) of the parties to this other lawsuit:	
	Plaintiff(s):	
	Defendant(s):	
2.	District Court:	
3.	Docket Number:	
4.	Name of District or Magistrate Judge to whom case was assigned:	
5.	The approximate date the action was filed:	
6.	What was the disposition of the case?	
	Is it still pending? Yes No	
	If not, give the approximate date it was resolved.	

 <u>Dismissed</u> (check the box which indicates why it was dismissed):
By court <i>sua sponte</i> as frivolous, malicious or for failing to state a claim upon which relief can be granted;
By court for failure to exhaust administrative remedies;
By court for failure to prosecute, pay filing fee or otherwise respond to a cour order;
By court due to your voluntary withdrawal of claim;
 Judgment upon motion or after trial entered for
plaintiff
defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include <u>all</u> possible claims.)

- Religion
- Access to the Courts
- · Search & Seizure

- Free Speech
- False Arrest
- Malicious Prosecution

- Due Process
- Excessive Force
- Denial of Medical Treatment

- Equal Protection
- Failure to Protect
- · Right to Counsel

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far a practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must <u>provide information</u> about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must <u>attach copies</u> of any decisions or other documents which indicate that you have exhausted your remedies for <u>each</u> claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) 08-14-2009
defendant (give the name and position held of each defendant involved in this incident) Correctional office. [Co.]
John Doe#1, C.O. John Doe#a, C.O. John Noe#3,
Sargent John Doe.
did the following to me (briefly state what each defendant named above did):
"See a tracked" 2 pages"
The constitutional basis for this claim under 42 U.S.C. § 1983 is: Eighth Amendment, Excessive
Force, Cruel & un usual punishment.
The relief I am seeking for this claim is (briefly state the relief sought): Puntive and
- Compose of or damages. In the amount
- Compensentory damages In the amount of \$100,000.00
Exhaustion of Your Administrative Remedies for this Claim:
Did you grieve or appeal this claim? Yes No If yes, what was the result? I placed a
grievence twice and recieved no response due to Cas Tamperinquithit
Did you appeal that decision?Yes
Did you appeal that decision? Yes No IT yes, what was the result: COS
it never made it due to tampering by the COS
Attach copies of any documents that indicate that you have exhausted this claim.
If you did not exhaust your administrative remedies, state why you did not do so: Be Cause I tried twice to
put in arievences and they were naver answered I believe because
but in arievences and they were nower answered I believe becomes the cost tampered with my mail. I Attatched are a copies of the cost tampered with my mail. I attempted grievence
A. SECOND CLAIM: On (date of the incident)
defendant (give the name and position held of each defendant involved in this incident)

- O C.O. John Doe's # 1,2, & 3, also Sargent John Doe, Came to My Cell and placed me in hand cuffs behind my back and then had me walk to the end of the teir and into a walk through area leading to I-2 gallery from I-1 where I was.
- ② Co. John Doe #1, then proceeded to put me facing a Corner and told me I was a "Rat" and a "bitch", and a "Rapo".
- 3 Co. John Doe #1, then punched me in the back of my head making my face hit the wall.
- 9 Co. John Doe # 1 Continued to assault me by grabbing my head and Slamming my forhead off of the wall and punching me in my back, ribs and back of my head at teast one time a peice. He then Slapped me in my face.
- 6) At no time did officers John Doe # 2, or #3 or Sargent John Doe try to Stop this assault from occuring.
- 6 They then warked me to the segregation housing unit (S.H.M).

- Donce I was in my cell in S.HM. officer John boe #1 told me of I put in for sick (a) that he would find out and (ome back and assault me again.
- (8) This all occured at Elmira Correctional Facility. P.O. Box 500, Elmira, New York 1490a-500. In I-Block 1 gallery.

ElMITA CIF GRIEVANCE

Joseph Belile

08/14/2009 SHU-51 NA

Today I was assaulted by the I-Block Officer a big guy I don't know his name. I don't know his name. I watched a other officers and a sargent watched while he hit me multiple times. I was while he hit me multiple times. I was then brought here & threatend again. Then brought here & threatend again. I will be sending this out to you on sunday I will be sending this out to you on sunday. I will be sending this out to you on sunday.

Joseph Belile

a pology, and to be kept Safe from further assault.

	Elmir	a C.F. Grievance 08	Rla 9/2009
Joseph	Belile	08A3707	SHU 51

I filed a grievance about My bein a assaulted by I block officer a harst a weeks ago & I still have not recieved a responce. I think the officer are tampering with my mail & my are tampering with my mail & my grievences are not going out. I was grievences are not going out. I was assaulted & want something done about it.

about my having been assaulted by an Ablock Officer.

lid the following to me (briefly state what each defendant named above did):
The constitutional basis for this claim under 42 U.S.C. § 1983 is:
The relief I am seeking for this claim is (briefly state the relief sought):
Exhaustion of Your Administrative Remedies for this Claim:
Did you grieve or appeal this claim? Yes No If yes, what was the result?
Did you appeal that decision? Yes No If yes, what was the result?
Attach copies of any documents that indicate that you have exhausted this claim. If you did not exhaust your administrative remedies, state why you did not do so:
If you have additional claims, use the above format and set them out on additional sheets of pape
6. RELIEF SOUGHT
Summarize the relief requested by you in each statement of claim above.
Punitive and Compensantory bamages. In the Monetaniamount of \$ 100,000.00
./
Do vou want a jury trial? Yes V No

I declare unde	er penalty of perjury that the foregoing is true and correct.
Executed on	08 - 29 - 2010 (date)
NOTE: Each pla	aintiff must sign this complaint and must also sign all subsequent papers filed with the Court.
	Signature(s) of Plaintiff(s)